

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Haire		09-04-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TW	1061	10/02/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral).... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

**BEST AVAILABLE COPY**

Claim	Date
Final	
Original	
9	10/4/11
9	10/19/14
0	10/02/03
1	✓✓✓✓✓
2	✓✓✓✓✓
3	✓✓✓✓✓
4	✓✓✓✓✓
5	✓✓✓✓✓
6	✓✓✓✓✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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